



# **GOVERNOR'S OFFICE OF PLANNING AND BUDGET (OPB)**

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## **SOG – Portal User Guide**

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Version 1.0

11/5/2020



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# 1 REDEEMING YOUR PORTAL INVITATION CODE

After completing a survey, you will receive an email from [CARES@opb.georgia.gov](mailto:CARES@opb.georgia.gov) containing a link to the portal.

This link directs you to a sign in page where you will enter a redemption code and create your profile.

Dear Bhuvana M,

You have been identified as point of contact for Alpharetta County.

This is an automated e-mail sent by the Governor's Office of Planning and Budget. You are receiving this notification because you are listed as the point of contact for Alpharetta County and will be responsible for entering information into the GeorgiaCARES Portal on their behalf.

Please follow the link below to register with the GeorgiaCARES Portal.

[Register for Cares Act in Georgia Portal](#)

GeorgiaCARES Administrator



### Quick Reference Guides and FAQs

[GeorgiaCare Portal Guide](#)

[OPB CARES Website](#)

FOR OFFICIAL USE ONLY


**Disclaimer:** This is official correspondence from the State of Georgia Governor's Office of Planning and Budget. If you need assistance, you can email us at [CARES@opb.georgia.gov](mailto:CARES@opb.georgia.gov).

The invitation code will auto-populate if you click on the email link.

**Note:** If you did not receive the invitation email or accidentally deleted it, email us at [CARES@opb.georgia.gov](mailto:CARES@opb.georgia.gov)

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Home

To access this portal you must enter an invitation code, then click the Register button below. The code will be entered for you if you click the link provided in your email invitation.

\* Invitation code

☐ I have an existing account

Invitation code will autofill here

 CARES ACT in GEORGIA



## 2 STEPS TO SIGN IN AFTER REDEEMING YOUR INVITATION

1. Open a new web browser<sup>1</sup> session.  
The portal is accessible from personal computers and mobile devices.
2. Type [CARES.georgia.gov](https://cares.georgia.gov) in the address bar.
3. Click Sign In
4. Enter the email address or user name created when you redeemed your invitation.
5. Enter your password and click **Sign In**.

The screenshot shows the 'CARES ACT in GEORGIA' portal. At the top, there's a header with the state logo and navigation links. Below the header, there's a 'Sign in' button with a red arrow pointing to it, labeled with a blue circle '1'. Below the 'Sign in' button, there's a 'Redeem invitation' link. The main section is titled 'Sign in with a local account'. It contains two input fields: 'User name' and 'Password'. The 'User name' field has a red arrow pointing to it, labeled with a blue circle '2' and the text 'Enter User name created during registration'. The 'Password' field has a red arrow pointing to it, labeled with a blue circle '3' and the text 'Enter Password created during registration'. Below the password field, there's a 'Remember me?' checkbox. At the bottom of the form, there's a 'Sign in' button and a 'Forgot your password?' link. A red arrow points to the 'Forgot your password?' link with the text 'If needed, click here to receive an email with a link to reset your password'.

## 3 PASSWORD AND LOGIN SUPPORT

User accounts are managed by OPB. If you have any login issues, please contact us via email at [CARES@opb.georgia.gov](mailto:CARES@opb.georgia.gov).

<sup>1</sup>Any current browser will work, such as Google Chrome, Firefox, or Safari with pop-ups enabled.



## 4 PORTAL SITE MAP NAVIGATION

The GeorgiaCARES Portal consists of five sections. Within each section you can view and update related information.

1. **PROFILE** Displays the information provided during registration. Use this page to keep you contact information current or initiate a password change.

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Search [Q]

Portal Admin ▾

- Profile
- Organization
- Authorized Users
- Sign out

Home Projects Payment Requests Help Contact Us

Home > Profile

### Profile

Please provide some information about yourself.

Your information

First Name \* Last Name \*

Portal Admin

E-mail \* Title

shanel@grantcare.com

Business Phone Mobile Phone

Update

2. **HOME** Displays the information about the allocations made to your city or county for the Nursing Home grants.

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Search [Q]

Bhuvana M ▾

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### My Grants

The Governor's Office of Planning and Budget (OPB) is responsible for distributing and oversight of the Coronavirus Relief Fund (CRF). If you have any questions, please contact cares@opb.georgia.gov.

ID ↑	Grant	Status	Amount Awarded	Amount Approved	Amount Drawn
Nursing Home Funding - 500	Nursing Home	Approved	\$405,900.00	\$0.00	\$0.00
Nursing Home Funding - 501	Nursing Home	Approved	\$5,000.00	\$0.00	\$0.00



## 3. PROJECTS

Project page list all the projects associated to the Grant Application. This list provides project details including; Project Id, Project Name, Project Description, Project Status and Created On. Click on the Project ID to view more details.

Home > Projects

### Projects

Click on the Project ID to open a Project

Project ID	Project Name ↑	Project Description	Project Status	Created On	
PR-0002527	First aid kits	test	Active	11/4/2020 2:36 PM	<a href="#">Edit</a>
PR-0002528	Hospital Supplies	Hospital Supplies	Active	11/5/2020 12:11 PM	<a href="#">Edit</a>

## 4. PAYMENT

**REQUESTS** The Payment Requests page lists the payment requests submitted by your organization. This list provides payment details including; Payment ID, Project, Amount Requested, Submitted On, Payment Status, Payment Date and Amount Approved. Click on the Payment ID to view more details. You can also download all payment requests by clicking the 'Download' button.

Home > Payment Requests

### Payment Requests

Listed below are payment requests submitted by your organization. This list provides payment details including; payment status, amount requested and approved. Click on the Payment ID to view more details. You can also download all payments requests by clicking the 'Download' button.

Click on Download button to download all Payment Request

Click on Payment ID to open Payment Request

Payment ID ↑	Project	Amount Requested	Submitted On	Payment Status	Payment Date	Amount Approved
PA-0004335	First aid kits	\$1,990.00	11/4/2020	Submitted		\$0.00
PA-0004338	First aid kits	\$0.00		Draft		\$0.00
PA-0004340	Hospital Supplies	\$200.00		Draft		\$0.00



## SOG – Portal User Guide

### 5. HELP

The help page provides links to information articles that are published by OPB.

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Home > Help

## Help

The Knowledge Base contains numerous support references, created by our support professionals who have resolved issues for our customers. It is constantly updated, expanded, and refined to ensure that you have access to the very latest information.

Categories
CRF Guidance
Georgia CARES Portal
CRF Documentation Requirements

### 6. CONTACT US

This page provides a form where you can submit questions, provide or request information.

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Home Projects Payment Requests Help Contact Us

Home > Contact Us

## Contact Us

First Name *	Last Name *
<input type="text" value="Bhuvana"/>	<input type="text" value="M"/>
Primary Phone *	Email *
<input type="text" value="7329860137"/>	<input type="text" value="bhuvana@grantcare.com"/>
Topic *	
<input type="text"/>	
Description	
<input type="text"/>	

Submit

#### About

Our office hours are Monday - Friday from 8:00 AM to 5:00 PM. Regular state holidays are recognized. If we are not available, we will get back in touch with you as soon as possible.

#### Location

Governor's Office of Planning and Budget  
2 Capitol Square  
Atlanta, GA 30334



## 5 CREATING A PAYMENT REQUEST

Payment requests are made for specific Grant Application. You may submit as many requests as needed up to the full grant award amount. This page will list all the Grant Applications that are associated to your account.

### 1. SELECT A

**GRANT** from the Home page, click on the Nursing Home grant allocation ('ID') for which the funds are being requested.

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### My Grants

The Governor's Office of Planning and Budget (OPB) is responsible for distributing and oversight of the Coronavirus Relief Fund (CRF). If you have any questions, please contact [cares@opb.georgia.gov](mailto:cares@opb.georgia.gov).

ID ↑	Grant	Status	Amount Awarded	Amount Approved	Amount Drawn
Nursing Home Funding - 500	Nursing Home	Approved	\$405,900.00	\$0.00	\$0.00
Nursing Home Funding - 501	Nursing Home	Approved	\$5,000.00	\$0.00	\$0.00

Click on the Grant Application ID

### 2. GRANT PAGE

This page is where you can see Grant details and create new Payment under the grant.

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Home > Grant

### Grant Nursing Home Funding - 501

Grant	Type
Nursing Home Funding - 501	Reimbursement Basis

Amount Awarded	\$5,000.00
Amount Requested	\$0.00
Amount Approved	\$0.00
Amount Drawn	\$0.00

### Details

ID *	Grant *	Status
Nursing Home Funding - 501	Nursing Home	Approved
Grantee *	Primary Contact *	Grant Amount
Beta County	Bhuvana M	\$5,000.00

### Payments

New Payment Request

Payment ID ↑	Project	Amount Requested	Payment Date	Payment Status	Submitted On	Amount Approved
PA-0004338	First aid kits	\$0.00		Draft		\$0.00
PA-0004340	Hospital Supplies	\$200.00		Draft		\$0.00

Edit Edit



**3. SELECT A PAYMENT** This page is where you can see payments you've added or create a new payment by clicking 'New Payment Request' button.

## Payments

Click this button to add a New Payment Request


Click on Payment ID to view details about an existing pa

Payment ID ↑	Project	Amount Requested	Payment Date	Payment Status	Submitted On	Amount Approved	
PA-0004338	First aid kits	\$0.00		Draft		\$0.00	<a href="#">Edit</a>
PA-0004340	Hospital Supplies	\$200.00		Draft		\$0.00	<a href="#">Edit</a>

**4. PAYMENT FORM** After clicking on the 'New Payment Request' button a new form is displayed.

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Home > Grant > Payment Request

## Payment Request

Nursing Home Funding - 501

Grant	Nursing Home Funding - 501
Type	Reimbursement Basis
Amount Awarded	\$5,000.00
Amount Requested	\$0.00
Amount Approved	\$0.00
Amount Drawn	\$0.00

Please select an existing project or create a new project in the lookup below.

Project \*

[Create Payment Request](#)



## 5. ADDING A

**PROJECT** Click on the lookup option to select an existing project or create NEW project (Refer to [Section 7](#) for instructions).

Home > Grant > Payment Request

### Payment Request

Nursing Home Funding - 501

Grant	Nursing Home Funding - 501
Type	Reimbursement Basis
Amount Awarded	\$5,000.00
Amount Requested	\$0.00
Amount Approved	\$0.00
Amount Drawn	\$0.00

Please select an existing project or create a new project in the lookup below.

Project \*

Click on the lookup option to select an existing Project or create a New Project

Create Payment Request

## 6. SELECT AN EXISTING

**PROJECT** After clicking on the lookup option projects are displayed. Select an existing Project from the list and click on the 'Select' button. Click on the 'Cancel' button to cancel the project selection.

Lookup records

✓ Project Name ↑	Project ID	Grantee	Created On
✓ First aid kits	PR-0002527	Beta County	11/4/2020 2:36 PM
Hospital Supplies	PR-0002528	Beta County	11/5/2020 12:11 PM

Click on the Project Name for selection

Click on the New button to create New Project

Click on the Select button to select the project

Click on the Cancel button to clear the Project Selection

New Select Cancel Remove value

Please select an existing project or create a new project in the lookup below.

Project \*


Create Payment Request





**7. CREATE PAYMENT REQUEST** After successful selection of Project click on the 'Create Payment Request' button to create payment.

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Home > Grant > Payment Request



Payment Request


Nursing Home Funding - 501


Grant	Nursing Home Funding - 501
Type	Reimbursement Basis
Amount Awarded	\$5,000.00
Amount Requested	\$0.00
Amount Approved	\$0.00
Amount Drawn	\$0.00

Please select an existing project or create a new project in the lookup below.

Project \*

First aid kits  

 Click on X to clear the existing selection of project

Click on this button to create New Payment Request 

Create Payment Request




## 8. PAYMENT


**FORM** After clicking on the 'Create Payment Request' button a new form is displayed.

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Home &gt; Grant &gt; Payment Request

## Payment Request PA-0004341

Grant	Nursing Home Funding - 501
Type	Reimbursement Basis
Amount Awarded	\$5,000.00
Amount Requested	\$0.00
Amount Approved	\$0.00
Amount Drawn	\$0.00
Project Start Date	10/7/2020
Project End Date	12/31/2020

The expenditures reported below were necessary and incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19). Use the 'New Direct Expense' button to add expenses and upload supporting documentation.

Payment ID

PA-0004341

Unique Payment ID is auto generated for each payment

Project

First aid kits

Associated Project to this Payment Request

Payment Status

Draft

Current Payment Status of this Payment

Amount Requested

\$0.00

Sum of all Total Expenses from the below listed Direct Expense(s)

Amount Approved

\$0.00

Sum of all Total Expenses from the below listed APPROVED Direct Expense(s)

### Direct Expenses

Displays all Active Direct Expense(s) associated to this Payment Request

New Direct Expense


Expense ID ↑	Category	Description	Total Expenses	Expense Status
There are no records to display.				

Submit For Payment


Save Payment Request




**DIRECT**

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# Payment Request PA-0004341



## 10. DIRECT

### EXPENSE FORM

After clicking on the 'New Direct Expense' button a new form is displayed.

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Home > Grant > Payment Request > Direct Expense

## Direct Expense PA-0004341

Grant	Nursing Home Funding - 501
Type	Reimbursement Basis
Amount Awarded	\$5,000.00
Amount Requested	\$0.00
Amount Approved	\$0.00
Amount Drawn	\$0.00
Project Start Date	10/7/2020
Project End Date	12/31/2020

Expense ID  
— Unique ID auto generated by the system

Expense Status  
Draft Current Expense Status is auto populated here

Expense Paid Date \*Expense Paid Date must occur between Project Start and End Date

Category \* Lookup and select Direct Expense Category

Allowable Activity \* Lookup and select Allowable Activity for the selected Category. System will list Allowable Activities that are associated to the selected Category only.

Description \* Description is a required field  
Please provide a detailed description of the expense, including the justification.

Quantity \* Provide the quantity of items purchased. If it can't be separated, enter '1'

Unit \* Select the appropriate unit of measure. Use 'Each' if unsure.

Cost/Unit \* Enter the cost of this expense

Total Expenses Auto calculated by Quantity \* Cost/Unit

Add Direct Expense




## 11. ADD DIRECT

**EXPENSE** After a Direct Expense details are entered click on the button 'Add Direct Expense'.

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Home Projects Payment Requests Help Contact Us

Home &gt; Grant &gt; Payment Request &gt; Direct Expense

Direct Expense PA-0004341

Grant	Nursing Home Funding - 501
Type	Reimbursement Basis
Amount Awarded	\$5,000.00
Amount Requested	\$0.00
Amount Approved	\$0.00
Amount Drawn	\$0.00
Project Start Date	10/7/2020
Project End Date	12/31/2020

Expense ID

—

Expense Status

Draft

Expense Paid Date \*

Category \*

Allowable Activity \*

Description \*

Please provided a detailed description of the expense, including the justification.

Quantity \*

Unit \*

Each

Cost/Unit \*

Total Expenses

—

Click on this button to Add Direct Expense ➡ Add Direct Expense



## 12. SUPPORTING DOCUMENTS

After a Direct Expense record is created you can upload receipts or other supporting documentation to this section. Documentation is required for all expenses. See [Appendix 2](#) for a list of document types and sub-documents.

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[Home](#) > [Grant](#) > [Payment Request](#) > [Direct Expense](#)

Direct Expense

DEXP-0006519

Grant	Nursing Home Funding - 501
Type	Reimbursement Basis
Amount Awarded	\$5,000.00
Amount Requested	\$0.00
Amount Approved	\$0.00
Amount Drawn	\$0.00
Project Start Date	11/1/2020
Project End Date	12/31/2020

Expense ID

DEXP-0006519

Expense Status

Draft

Expense Paid Date \*

11/10/2020

Category \*

Nursing Home Assistance (2)

Allowable Activity \*

Cost of providing Covid-19 testing

Description \*

Hospital Supplies - 1

Quantity \*

1

Unit \*

Each

Cost/Unit \*

\$ 100.00

Total Expenses

\$100.00

This section displays after adding the Direct Expense

Supporting Documentation

Contracts

Use this document type to upload contract-related documentation; e.g. change orders, signed contracts and scope of work.

DEXP-0006519\_CTRT\_SOW\_121456.xlsx

Uploaded on 11/5/2020, 12:14:59 PM

Equipment

Use this document type to upload equipment-related documentation; e.g. equipment rates, proof of purchase, and salvage value.

General Items

Use this document type to upload general-related documentation; e.g. , insurance, environmental concerns, and historic preservation compliance.

Labor

Use this document type to upload labor-related documentation; e.g. timesheets, pay rates, and daily logs.

Materials & Supplies

Delete

Save Direct Expense



## 13. UPLOADING

### DOCUMENTS

Click on the document icon to add a document. Locate your document, and then click Open. Be sure to select a Document Type to detail what kind of documentation you are providing. Click 'Upload' button to upload the document.

Supporting Documentation

From the Explorer window, select the document you want to upload. Document must be in an accepted format as determined by OPB. E.g. .pdf, .jpg, .docx, .xlsx, .bmp

Document Upload

Document Name (Type .xlsx)  
DEXP-0006519\_CTRT\_CO\_163740

Document Type: **Contracts**  
Sub Document Type:  
Change Orders

Cancel Upload

Delete Save Direct Expense

## 14. SAVE DIRECT

**EXPENSE** After uploading the supporting documentation click on the 'Save Direct Expense' button to save the record.

Equipment  
Use this document type to upload equipment-related documentation; e.g. equipment rates, proof of purchase, and salvage value.

General items  
Use this document type to upload general documentation; e.g. , insurance, environmental concerns, and historic preservation compliance.

Labor  
Use this document type to upload labor-related documentation; e.g. timesheets, pay rates, and daily logs.

Materials & Supplies

Delete Save Direct Expense



## 15. DELETE DIRECT

**EXPENSE** When Expense status is 'Draft' or 'Return for Revision' system will allow user to delete the direct expense.

✔ Equipment

Use this document type to upload equipment-related documentation; e.g. equipment rates, proof of purchase, and salvage value.

✔ General items

Use this document type to upload general documentation; e.g. , insurance, environmental concerns, and historic preservation compliance.

✔ Labor

Use this document type to upload labor-related documentation; e.g. timesheets, pay rates, and daily logs.

✔ Materials & Supplies

When Delete button is clicked, expense record is not physically deleted from the system. The Expense is Deactivated and user will not be able to view this on por





## 16. SAVE

### PAYMENT

**REQUEST** When the payment is not ready for submission, save this payment record by clicking the 'Save Payment Request' button for later submission.

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Deepti T

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Home > Grant > Payment Request

## Payment Request PA-0004340

<b>Grant</b>	Nursing Home Funding - 501
<b>Type</b>	Reimbursement Basis
<b>Amount Awarded</b>	\$5,000.00
<b>Amount Requested</b>	\$0.00
<b>Amount Approved</b>	\$0.00
<b>Amount Drawn</b>	\$0.00
<b>Project Start Date</b>	11/1/2020
<b>Project End Date</b>	12/31/2020

The expenditures reported below were necessary and incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19). Use the 'New Direct Expense' button to add expenses and upload supporting documentation.

Payment ID	Project	Payment Status
PA-0004340	Hospital Supplies	Draft
Amount Requested	Amount Approved	
\$200.00	\$0.00	

Payment Status is 'Draft' when payment is saved

### Direct Expenses

New Direct Expense

Expense ID ↑	Category	Description	Total Expenses	Expense Status	
DEXP-0006519	Nursing Home Assistance (2)	Hospital Supplies - 1	\$100.00	Draft	Edit
DEXP-0006521	Nursing Home Assistance (2)	Hospital Supplies -2	\$100.00	Draft	Edit

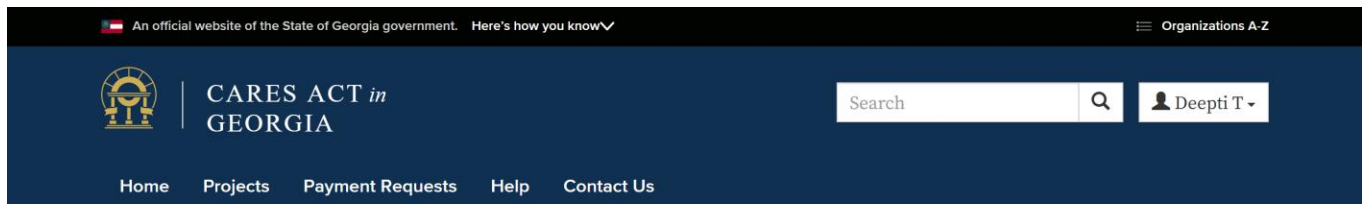
Submit For Payment

Save Payment Request



## 6 SUBMITTING A PAYMENT REQUEST

After adding all expense records, you can submit the payment for review. You may submit as many requests as needed up to the grant award amount. Click on the 'Submit For Payment' button now.



Home > Grant > Payment Request

### Payment Request PA-0004340

When payment is successfully submitted, 'Amount Requested' is updated with sum of all Total Expenses from Active Direct Expense(s)

Grant	Nursing Home Funding - 501
Type	Reimbursement Basis
Amount Awarded	\$5,000.00
Amount Requested	\$0.00
Amount Approved	\$0.00
Amount Drawn	\$0.00
Project Start Date	11/1/2020
Project End Date	12/31/2020

The expenditures reported below were necessary and incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19). Use the 'New Direct Expense' button to add expenses and upload supporting documentation.

Payment ID	Project
PA-0004340	Hospital Supplies
Amount Requested	Amount Approved
\$200.00	\$0.00

Payment Status  
Draft

Payment Status will get updated to 'Submitted'. System will not allow user to edit the payment request and associated direct expense(s)

### Direct Expenses

New Direct Expense				
Expense ID ↑	Category	Description	Total Expenses	Expense Status
DEXP-0006519	Nursing Home Assistance (2)	Hospital Supplies - 1	\$100.00	Draft
DEXP-0006521	Nursing Home Assistance (2)	Hospital Supplies -2	\$100.00	Draft

Expense Status will get updated to 'Submitted'

Click on this button to submit the payment

Submit For Payment

Save Payment Request



## 7 CREATING A PROJECT

Projects must meet the following requirements as determined by the U.S Department of Treasury. The CARES Act requires that the payments from the Coronavirus Relief Fund only be used to cover expenses that:

- (1) are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19);
- (2) were not accounted for in the budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act) for the State or government; and
- (3) were incurred during the period that begins on March 1, 2020 and ends on December 30, 2020.

**1. SELECT A GRANT**  
from the Home page, click on the grant allocation 'ID' for which a project(s) funds are being requested.

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### My Grants

The Governor's Office of Planning and Budget (OPB) is responsible for distributing and oversight of the Coronavirus Relief Fund (CRF). If you have any questions, please contact [cares@opb.georgia.gov](mailto:cares@opb.georgia.gov).

ID ↑	Grant	Status	Amount Awarded	Amount Approved	Amount Drawn
Nursing Home Funding - 500	Nursing Home	Approved	\$405,900.00	\$0.00	\$0.00
Nursing Home Funding - 501	Nursing Home	Approved	\$5,000.00	\$0.00	\$0.00

Click on the Grant Application ID

**2. SELECT A PAYMENT**  
This page is where you can see payments you've added or create a new payment

### Payments

Click this button to add a New Payment Request

Click on Payment ID to view details about an existing pa

New Payment Request

Payment ID ↑	Project	Amount Requested	Payment Date	Payment Status	Submitted On	Amount Approved	
PA-0004338	First aid kits	\$0.00		Draft		\$0.00	<a href="#">Edit</a>
PA-0004340	Hospital Supplies	\$200.00		Draft		\$0.00	<a href="#">Edit</a>



### 3. PROJECT

**LOOKUP** Click on the lookup option to select an existing project or create 'NEW' project.

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Home > Grant > Payment Request

## Payment Request Nursing Home Funding - 501

Grant	Nursing Home Funding - 501
Type	Reimbursement Basis
Amount Awarded	\$5,000.00
Amount Requested	\$0.00
Amount Approved	\$0.00
Amount Drawn	\$0.00

Please select an existing project or create a new project in the lookup below.

Project \*

Click on the lookup option to select an existing Project or create a New Project

Create Payment Request

### 4. ADD NEW

**PROJECT** Click on the 'NEW' button to create new project.

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## Payment Request Nursing Home Funding - 501

Grant	Nursing Home Funding - 501
Type	Reimbursement Basis
Amount Awarded	\$5,000.00
Amount Requested	\$0.00
Amount Approved	\$0.00
Amount Drawn	\$0.00

Please select an existing project or create a new project in the lookup below.

Project \*

Click on this button to create new project

Create Payment Request

Lookup records

✓ Project Name ↑	Project ID	Grantee	Created On
✓ First aid kits	PR-0002527	Beta County	11/4/2020 2:36 PM
Hospital Supplies	PR-0002528	Beta County	11/5/2020 12:11 PM

New Select Cancel Remove value



## 5. PROJECTS

### FORM

After clicking on the 'NEW' button a new form is displayed.

The screenshot shows a 'Create a new record' modal form. The form contains the following fields and instructions:

- Project Name \***: A red arrow points to the asterisk with the text 'asterisk denotes required field'. The input field contains 'Hospital Supplies - 3'.
- Project Start Date \***: A date picker showing '11/1/2020'.
- Project End Date**: A date picker showing '12/31/2020'.
- Project Location**: A section header with a red arrow pointing to the 'Street' field and the text 'Provide location of the project. If there is no specific location, use your office address'.
- Street \***: An input field containing '1 Orchard Grove'.
- City \***: An input field containing 'Monroe Township'.
- County**: An input field containing 'New Jersey'.
- State \***: An input field containing 'GA'.
- ZIP Code \***: An input field containing '08831'.
- Project Description \***: A red arrow points to the asterisk with the text 'Provide as much detail as you can about the project'. The input field contains 'Hospital Supplies 3'.

## 6. ADDING A

### PROJECT

Provide as much detail as possible to justify the use of the grant, then click 'Add Project' button. This information is used by payment reviewers to validate expenses were necessary and appropriate.

The screenshot shows the bottom section of the 'Create a new record' modal form. The form contains the following fields and instructions:

- Project Description \***: An input field containing 'Hospital Supplies 3'.
- Project Justification**: A large text area for justification.
- Planned Project Outcome**: A large text area for the planned outcome.
- Add Project**: A blue button with a red border. A red arrow points to it with the text 'Click on this button to add project'.




## 7. REVIEW PROJECT INFORMATION


Now that the project has been created you can create Payment Requests.


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
### Project

Project ID	Status
PR-0002528	Active


Project Name \*

Hospital Supplies

Project Start Date \*

11/1/2020 

Project End Date

12/31/2020 

#### Project Location

Street \*

3124 Map street

City \*

Atlanta

County

State \*

GA

ZIP Code \*

77306

Project Description \*

Hospital Supplies

Project Justification

Planned Project Outcome



## 8 EDITING A PROJECT

After adding the project record, you can edit the details later point of time. You may create as many projects as needed.

### 1. LIST PROJECT RECORDS

Now that the project has been created. Click on the Projects page to list all the projects associated to the Grant.

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Home > Projects

### Projects

Click on the Project ID to open a Project

Project ID	Project Name ↑	Project Description	Project Status	Created On
PR-0002527	First aid kits	test	Active	11/4/2020 2:36 PM
PR-0002528	Hospital Supplies	Hospital Supplies	Active	11/5/2020 12:11 PM

### 2. EDIT PROJECT INFORMATION

Select the project and click on the 'EDIT' button.

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Home > Projects

### Projects

Click 'Edit' button to change/update project information

Project ID	Project Name ↑	Project Description	Project Status	Created On
PR-0002527	First aid kits	test	Active	11/4/2020 2:36 PM
PR-0002528	Hospital Supplies	Hospital Supplies	Active	11/5/2020 12:11 PM





### 3. SAVE PROJECT


When changes are completed click on the 'Save Project' button.

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Project ID  
PR-0002528

Status  
Active

Project Name \*  
Project Start Date \*  
 Project End Date  
 Street \*  
City \*  
County  
State \*  
ZIP Code \*  
Project Description \*  
Project Justification  
Planned Project Outcome  

Click on this button to save the changes → 



## 9 CREATING A NEW AUTHORIZED USER

Authorized Users can create projects, submit payments and receive notifications related to their organization. After a successful login, you can create additional authorized users. This feature is useful if additional staff are needed to submit payment requests.

### 1. OPEN THE AUTHORIZED USERS PAGE

From the Home page, click on the Grantee Profile.

The screenshot shows the SOG portal interface. At the top, there is a header with the SOG logo, the text 'CARES ACT in GEORGIA', a search bar, and a user profile dropdown menu. The dropdown menu is open, showing options: 'Profile', 'Organization', 'Authorized Users' (highlighted with a red arrow), and 'Sign out'. Below the header, there is a navigation bar with links: 'Home', 'Projects', 'Payment Requests', 'Help', and 'Contact Us'. The main content area shows the 'Profile' page. On the left, there is a sidebar with a user profile card for 'Portal Admin' and a list of links: 'Profile', 'Organization', 'Authorized Users', 'Security', and 'Change password'. The 'Profile' link is selected. The main content area has a heading 'Profile' and a subheading 'Your information'. Below this, there are several input fields for 'First Name', 'Last Name', 'E-mail', 'Business Phone', 'Title', and 'Mobile Phone'. The 'First Name' field contains 'Portal' and the 'Last Name' field contains 'Admin'. The 'E-mail' field contains 'shanel@grantcare.com'. There is an 'Update' button at the bottom of the form.

Please provide some information about yourself.

**Your information**

First Name *	Last Name *
<input type="text" value="Portal"/>	<input type="text" value="Admin"/>
E-mail *	Title
<input type="text" value="shanel@grantcare.com"/>	<input type="text"/>
Business Phone	Mobile Phone
<input type="text"/>	<input type="text"/>



## 2. NEW CONTACT

Click 'New Contact' button to add new contact

Home > Profile > Authorized Users

### Authorized Users

Portal Admin

Profile

Organization

**Authorized Users**

Security

Change password

Full Name ↑	Email	Mobile Phone	
Jersey Rosalie	slucasmrc@aim.com		Edit
Joe Smith	shane.lucas@att.net		Edit
Portal Admin	shanel@grantcare.com		Edit
Steven Lucas	shanel@grantcare.com		Edit

**New Contact**

## 3. ADD CONTACT

Fill contact details and click on 'Add Contact' button. An automated email is sent to the person identified in the form which contains an invitation code.

New Contact

⚠ Adding a new contact sends an automated email to the person identified in this form. This email contains an invitation code, granting that person access to this portal and the information associated to your organization.

First Name \*  
Bhuvana

Last Name \*  
Manisankar

Email \*  
bhuvana@gc.com

Job Title

Business Phone \*  
732-1111-1111

Mobile Phone

**Add Contact**



### APPENDIX 1 - EXPENSE CATEGORIES AND ALLOWABLE ACTIVITIES

Category	Allowable Activity
Nursing Home Assistance	Costs of providing COVID-19 testing
Nursing Home Assistance	Other Nursing Home Assistance
Nursing Home Assistance	Personal Protective Equipment
Nursing Home Assistance	Sanitation Measures
Nursing Home Assistance	Supplemental Staffing

### APPENDIX 2 - DOCUMENT TYPES AND SUB-DOCUMENTS

Document Type	Sub Document Type
Contracts	Change Orders
Contracts	Change Orders
Contracts	Copy of contract
Contracts	Copy of signed contract
Contracts	Documentation that substantiates a high degree of contractor oversight
Contracts	Invoices and/or cancelled checks
Contracts	Invoices or cancelled checks
Contracts	Other procurement documents
Contracts	Price analysis to determine reasonableness of cost
Contracts	Price analysis to determine reasonableness of cost
Contracts	Procurement procedures
Contracts	Procurement procedures
Contracts	Proof of contractor oversight
Contracts	Proof of cost reasonableness
Contracts	Provide copies of the request for proposals, bid documents or signed contracts
Contracts	Request for proposal
Contracts	Scope of work
Contracts	Scope of work
Contracts	Type of contract
Equipment	Average days per week
Equipment	Average days per week
Equipment	Average hourly rate
Equipment	Average hourly rate
Equipment	Average hours used per day
Equipment	Average hours used per day
Equipment	Equipment rates
Equipment	Equipment rates
Equipment	How did the Applicant acquire the equipment?
Equipment	If purchased purchase price



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Equipment	If rented, rental agreement and rental price
Equipment	Number and types of Equipment used
Equipment	Proof of purchase
Equipment	Rental agreement
Equipment	Salvage value
Equipment	Salvage value
Expense Type 1	dt1
Expense Type 2	et1
General items	Compliance with historic preservation requirements
General items	Compliance with historic preservation requirements
General items	Environmental concerns
General items	Environmental concerns
General items	Insurance issues
General items	Insurance issues
Invoices	Debit Memo
Invoices	Progress Invoice
Invoices	Standard Invoice
Invoices	Timesheet
Invoices	Utility Invoice
Labor	Average days per week
Labor	Average days per week
Labor	Average Hours per day
Labor	Average Hours per day
Labor	Average Pay Rate
Labor	Average Pay Rate
Labor	Daily logs or activity reports
Labor	Daily logs or activity reports
Labor	Fringe benefits
Labor	Fringe benefits
Labor	Justification for any standby time claimed
Labor	Justification for any standby time claimed
Labor	Labor costs and source documentation
Labor	Labor costs and source documentation
Labor	Number of Personnel
Labor	Number of Personnel
Labor	Personnel policies
Labor	Personnel policies
Labor	Timesheets
Labor	Timesheets
Materials & Supplies	Amount of materials and supplies by type
Materials & Supplies	How did the Applicant acquire the materials or supplies?
Materials & Supplies	Invoices and proof of payment



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Materials & Supplies	Invoices and proof of payment
Materials & Supplies	Proof of Delivery
Project Plan	Risk Management Plan
Project Status Report	Gantt Chart
Receipts	Credit Card Receipt
Receipts	Itemized Receipt